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LONDON SCHOOL OF MEDICINE FOR WOMEN,

30 HENRIETTA STREET, BRUNSWICK SQUARE, W.C.

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Inaugural Address

DELIVERED BY

MRS. GARRETT ANDERSON, M.D.

OCTOBER 1ST, 1877.

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(Printed by request.)

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# INAUGURAL ADDRESS

DELIVERED AT THE

LONDON SCHOOL OF MEDICINE FOR WOMEN.

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OCTOBER 1st, 1877.

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THE first word in an address such as this which I have been asked to give to-day to those who are now entering our School must be "Welcome." To give students new and old, a hearty greeting, to begin the work of the year with something which shall remind them and us of our corporate existence, of our fellowship and common hopes and aims,—this, I think, is the main purpose of an Inaugural Address.

But though this is the first, it is not the only object of an Inaugural Address. Gathering the students together thus at the beginning of the Session gives us an opportunity of offering them a little advice as to the mode of arranging and carrying out their work. Incidentally too it may be useful in explaining to lay friends the scope and sequence of medical studies, and perhaps also of suggesting to them considerations which may lead to their being better patients in future than they have hitherto been. In reference to this point, I must say that I have often thought it would be well if some of the Inaugurals of which we read reports early every October were addressed especially to patients, and if some serious effort were made on behalf of medical science to improve people as patients, as well as to improve them as students.

This is, however, not my object now: I will address myself at once to our students.

The first thing a student feels on looking through the list of subjects in a medical curriculum is probably bewilderment at their number and variety, and an uncomfortable sense of



not knowing where to begin first. Very likely if left without guidance, his first attempt would be made in vain, and time would be wasted in trying to understand a subject taken out of its proper order. Nothing, I think, is of more importance to students than that they should grasp the true order in which the different divisions of medical education come, and should follow it; that they should understand why every subject is added, and what is its special place and its comparative or relative importance. Everyone knows how much time and labour are saved, if, before visiting a new town, more especially when the town is full of interesting associations and objects, Rome for example, we carefully study the map, get the main plan of the place clearly into our minds, know the position of its most important monuments and decide which are those which we will on no account miss. So in entering upon the study of Medicine it will save you much time if you will spend, say one good long evening in studying the medical curriculum, reading prefaces, introductory chapters and indexes, and understanding the true order of the subjects to be studied. To me it seems that the medical curriculum naturally divides itself into four parts:—

1. The study of healthy function.
2. The study of disease.
3. The machinery for investigation or cure.
4. The art of healing.

Speaking roughly each of these subdivisions may be taken to correspond with one year of student life, though, especially after the first year, all will to some extent overlap and will have to be worked at together. Still we may say in general terms that the student should place before him as his goal during the first year, the knowledge of the body in health; during the second year the knowledge of disease; during the third year the machinery for investigation or cure; during the fourth year, *healing*.

Now in the first year, for the study of Health, he must

have, first, Anatomy or structure; second, Chemistry or the knowledge of the elementary constitution of bodies, inorganic and organic; and third, Physiology or structure at work; and I would advise new students to concentrate all their time and energies on these three subjects, to allow of no distractions except such as may be necessary for relaxation or refreshment. To this end I would myself, though on this point many would not agree with me, advise them not to go to a hospital, not to read medicine, and not to take any lectures not directly bearing on these three subjects. A year is all too short in which to master Anatomy, Chemistry, and Physiology, you will need every moment. If unfortunately, you cannot do without some change of scene and you go into the hospital wards to find it, I should counsel you to do so deliberately as a relaxation, recognizing that you are not yet prepared to work in them to any purpose, and that the most you can do at present is to pick up scattered and superficial notions about disease and treatment.

Now as Health should be the key note of your first year's work, so should Disease be the key note of the second one. It will still be necessary to spend some time in dissecting. But the main object of the year should be to understand *diseased* processes; and for this purpose you must live as much as possible in the hospital wards, and in the out-patient room; you must visit the *post-mortem* room and pathological museums, and attend systematic lectures on Medicine, Surgery, and Pathology. It is in this second year that you will also begin to learn the art of taking clinical notes, and a difficult art you will find it to be. Now too, you will have to decide for yourselves by what method, if by any, you will work in the hospital wards. Will you merely just follow the physician or surgeon in his round, hearing his remarks, understanding some, and missing many more, and getting a few, more or less incoherent, notes into your book? This is one method, if it deserve the name, and one very generally

followed. Another is to search the wards for cases illustrating the lectures on medicine or surgery you heard last or are to hear next. For example, the lecturer's subject may have been Rheumatic Fever. Find at least two or three cases, watch and note them carefully, study them specially, read them up in several authors, noting what you read, and keep them under special observation till the end of the illness. This kind of concentrated attention will lead to much more accurate knowledge than many rapid runs round the wards can do. There is, however, another method, a sort of compound of the two. It is this. Take, say six cases, three surgical and three medical, and fix your mind upon them. Read about them, take notes, examine them for yourself as much as possible, search in museums for specimens illustrating them, think about them, try to understand them and don't leave them till you do. Think of these six cases as specially *yours* and try to exhaust them. While doing this, follow the visits to other patients, and pick up all you can. As relaxation, even, this is valuable, and after really studying a few cases you will be ready to make use of even fragmentary hints which may bear upon the cases to which you have given thought. Hospital practice is to my mind the part of medical education which presents the greatest difficulties to the student; at first especially, *too much* is presented to him, and very much of what he sees is in advance of his power of following or understanding. On the other hand, the little he does pick up helps to make the systematic lectures and reading more vivid and interesting, and, therefore, it is not to be desired that students should postpone hospital study till they have been through their lectures. What I would suggest is that they should always be studying a few cases with a good deal of concentration, and along with this should see a large number in the way that students do see by merely following the physician's or surgeon's visit.



It has often occurred to me that an index, a mere list, of the more important known and named diseases might be used by students for the purpose of reminding them constantly of what they have to see and recording what they have seen. Such a list I have occupied myself during the leisure of the recent holidays in drawing up in the hope that you may find it of use, and I am having it printed in the form of a pocket book. You are meant to mark off in the column 'Seen' every disease you are able to study carefully, and while studying it in the wards to work up in the *post-mortem* room or museum and in your reading, its pathology and its literature. In choosing what cases to study first, you will of course be a good deal limited by what there is in the wards, but within this limit, I would give you two guiding hints,—1st, Begin whenever you can with the more general diseases (those which affect the whole organism); 2nd, Never forget that the commoner a disease is the more important it is that you should understand it. At first especially do not run about after curiosities, study the ailments of which the wards give you most frequent examples. The College of Physicians in its Nomenclature enumerates 1146 diseases, medical and surgical; and it is no exaggeration to say that a well-educated student ought to know the nature and bearing of everyone of these, and that in the case of the more important ones he ought to have studied and watched each of them several times. The list that I have drawn up does not, however, profess to include these 1146 conditions. If it had, it would have been too bulky for real pocket book work. It includes almost everything you will find in the medical wards, and a small but important part of what you will see in the surgical wards.

If Physiology and its tributaries (Anatomy and Chemistry) were too much for the first year's work, still more is Pathology or the study of Disease too much for the second year.

A good student will, however, by diligence and method, make some way in a year, and he may perhaps be ready to change his ground to some extent during the third year. It is at this stage I think that he should put before him, as his chief object, to acquire a mastery of all that may be described as the machinery for the investigation or the cure of disease. I include under this head the use of the stethoscope, ophthalmoscope, laryngoscope, sphygmograph and microscope, many of which instruments he will doubtless have worked with in his second year.

I need perhaps scarcely pause to point out to you how desirable it is you should learn to use these instruments on healthy subjects before applying them to the investigation of disease. Much time is wasted by the students, and much fatigue and even injury involved to the patient, if this rule is not observed. Try to gain a firm knowledge of every instrument of research upon healthy subjects (upon each other for example), before applying it in the wards.

Under the head of "Machinery" I include also operative Surgery, surgical dressings and appliances, operative midwifery, the use of gynecological instruments, materia medica and pharmacy, the various kinds of electricity and the modes of applying them, the use of baths, the influence of climate and the therapeutic value of the best known mineral waters. Perhaps you will dispute my right to include all this under the head of "*Machinery.*" I do not contend for the word though it seems to me to answer the purpose fairly well. I want the student to be sure that he has obtained a good working knowledge of all the instruments concerned in the direct investigation of disease, and of all the weapons surgical or medical at his disposal.

I can suppose too that some of you will say he should study this that I call machinery *before* and not *after* he studies disease. Some knowledge of his instruments of investigation he must doubtless acquire in the year mainly de-

voted to Pathology, some of them, as the stethoscope and thermometer he will be in the daily habit of using, but on the whole, I think time will be saved if he postpones their complete and thorough study till he has gained a clear conception of diseased processes in the organization. Having gained this, he is then in a position to understand any information his instrument of research may afford him, and in studying practical surgery and pharmacy, and his other curative agents, he brings with him a clearer notion of what it is he aims at effecting, and of what it is possible to effect. In the fourth year, the student should I think, have for his special aim the acquisition of the Art of Healing. In his second year he studied Disease and learned to recognize and differentiate diseases, his third year he devoted to familiarizing himself with the material appliances of the art of medicine, in his fourth, he must do what he can towards learning to apply them. How great and difficult a step this is only those know who have tried to take it! It can be begun only in the fourth year. for it involves all the difference between experience and inexperience. To those who may not be fully aware of all that is involved in this difference, I would say, "Think for a moment of the case of typhoid fever." The student knows the natural history of the illness, he knows its risks, its symptoms and its pathology. He knows the usual temperature curve, he can use the stethoscope, and appreciate the signs given by the pulse, the intellectual condition, &c. He knows too the effect of opium, wine, quinine, food, baths, &c. But he is not a doctor till he knows how to interpret all that he observes, when in a given case, or at a given moment, to use any one remedial agent, and how to use it, or when, and why not to use it. He needs too to know when and why occasionally to depart from all ordinary rules, as to dose, and to give what is necessary to attain a necessary end. So again, in surgery, it is not enough to have acquired some manual dexterity as an operator, the *art* lies in knowing how



to heal the malady, if necessary by surgery, if possible without it, and always with the least attainable cost of pain and time. For example our student may know very well how to cut off a limb, in his fourth year he must try to learn when this is the only thing to be advised, when it can be avoided, and how in either case to minimize the risk and suffering and permanent damage to the patient. And in learning this Art of Healing, in learning to apply with judgment and skill the weapons in your armoury, you will need chiefly two things, the first is time, and the second is a varied experience. By this I do not mean your own experience, but a varied experience of the practice of well trained masters of your art. I think it of great importance towards the end of a student's curriculum that he should see the practice of a good many of his seniors. Incidentally I may say that one of the great advantages of the Paris school is that there the students can have this; they can follow the clinique of any physician or surgeon at any hospital, for as long as they like, taking work under each in turn, instead of being, as in London, restricted to the practice of one hospital. Till something like this is possible to all students in London, I shall rejoice to hear that those of our students, who can afford the time and cost it involves are arranging to take at least one year in Paris before entering upon practice. It may be said, however, "this must be unnecessary as it is not prescribed by the examining bodies; surely it is enough if we fulfil their requirements and pass their examinations." My answer to this is, that one of the gravest mistakes a student or a school can make, is to think too much of the requirements of the examining bodies. They must be fulfilled, no doubt, but having fulfilled them, dismiss them from your minds, and keep it clear that what you aim at is a *sound knowledge* of your art, and that all that this needs you must have, whether prescribed by the examining bodies or not. The real test you have to meet is not when sitting before the examiners, but



when face to face with suffering for the relief of which you are responsible. I am not among those who decry examinations. They seem to me immensely useful, even to the best students, but only if thought of as a means and not as an end. Properly used, they help us to arrive at exact and clear notions of the subjects we are studying, but if put before us as the most important end of all our study, they probably do infinitely more harm than good. I would even go so far as to say "do not be too much afraid of failing in your examinations," and "do not be too much disheartened if you do." It is of course desirable that women should do well, and should bring credit to our cause in examinations as elsewhere—but I want you all to realize that important as this is, there is behind it something of infinitely more importance, and that is that you should really be ready for the responsibilities you are about to undertake. Possibly failing in an examination now and again, may help you more, in the long run, by kindling zeal, stimulating industry, and encouraging accuracy, than an unbroken run of success at examinations could have done. At any rate it is not a thing to break your hearts over. When the London University opens its doors to women, I hope a large proportion of our students will try for its degree, and in trying, they will probably all from time to time be plucked. It would not be the Honours Degree it is if it could be had easily, and I understand there are not many men who get it without, at one time or another, having gone through the disagreeable experience I anticipate as possible for you.

Having now explained to you what I think a medical education should be, and how it should be arranged, you have a right to ask "Can you give us, at the London School of Medicine for Women, this orderly and complete education?" In answering this question, I must speak separately of the school proper, and of the Royal Free Hospital with which now we are happily allied. And first, of the school. It is

obviously very difficult and expensive in a small school where there may perhaps be only five or six new students every year, to provide for every student a complete and orderly sequence of classes. Hitherto we have not done this. Now, however, we have, as I think most wisely, resolved to take one important step towards accomplishing it. We have decided that at any rate the first year's course, *viz.*, Anatomy, Chemistry, and Physiology, shall be given every year. Every new student will thus, at any rate, begin at the right end, and will get a good start towards being in a position to understand the courses arranged for subsequent years. Though, as I have said, it seems to me most desirable that after the first year's work is passed, the student should master the history of disease before entering upon the art of healing, still the order in which these departments are taken is of less importance than that he should know healthy structure and function before beginning to study disease and the methods of curing it. If we succeed in giving students an *orderly* course of instruction, as I confidently hope that we shall, I see no reason, looking to the excellence of the staff of teachers who have so kindly gathered round us why our teaching here should not be at least as good as in any of the smaller London Schools.

Then with regard to Hospital Practice, what have we to offer you? I need not speak again of the immense difficulty we have had in getting any hospital at all of the required size, for the use of our students. The difficulty till lately seemed almost insuperable, and but for the zeal and skill of our Treasurer, Mr. Stansfeld, it would have probably proved to be so. Now, however, thanks to Mr. Stansfeld, and through him to Mr. Hopgood, a large general hospital has opened its doors to us, and the material for clinical teaching is thus provided. The work of adequately organizing this material for teaching purposes will, we are well aware be one of great difficulty, and one which could under

no circumstances be rapidly accomplished. As, however, we have happily the good will of the medical staff as well as of the committee of the hospital, I hope there is no doubt that with patience and tact, the work will gradually be brought to a good issue, and that before very long we shall see the hospital thoroughly organized for the instruction of students in the art of healing, and in the perhaps more difficult art of teaching clinical medicine. It is, however, no disparagement of our hospital to say that a year spent in Paris where the organization of medical teaching is brought to a perfection unknown in London will be most useful at the end of each student's course of study, and especially to those who look forward to becoming clinical teachers.

Up to this point I have said to you only what might with equal truth be said to any other body of medical students in London. But in the case of this School one other subject claims consideration. For the first time in England an address of this kind is given to women; for the first time, on this day, a complete medical school is open to English-women in their own country, and it is perhaps not unreasonable if we are expected to say a word or two in excuse for, or in defence of, our own existence. Any word from me on this point will assuredly be a short one and for these two reasons; 1st. It is perfectly certain that no arguments will influence the opinion of those who dislike the innovation, and 2nd. That in my opinion the real defence of our position cannot be found in argument but in experience. Whether women can be trained into first rate doctors, and whether it is a solid advantage to society to have them so trained are questions which to my mind can only be answered by experience, and by experience on a somewhat large scale.

Many of the objections commonly brought against us may no doubt be dismissed at once as trivial or imaginary. It is quite certain that women, as students, can study every part



of the medical curriculum as seriously and thoroughly as men can; the experience at Paris, Edinburgh, Zurich, and Berne, and at our own school proves this, and that they do quite as well, to say the least, in examinations. It is also certain that women can bear fatigue and anxiety as well as men can. But while we can thus dismiss a good many of the stock arguments of our opponents, I am afraid we must, on the other hand, deal in somewhat the same way with not a few of the arguments of our friends. I often feel an uncomfortable suspicion when I hear our friends advocating our cause that some of the advantages they anticipate from medical women will not perhaps be found. It is often said for instance, "Women will understand women's ailments so much better than men do." I fancy this is only true in a very partial and limited sense and that it is most undesirable that medical women themselves should place much confidence in it. To understand disease the possession of the special organization in which the disease is found, is of very minor importance as compared with the possession of brains and cultivation. No one would say that a horse or a dog, for instance, could be made a better veterinary surgeon than a man, or a child a better child's doctor than Dr. West or Sir W. Jenner, or a deaf man a specially good aurist, or an epileptic or paralytic a specially good nerve doctor. No doubt in all these cases certain facts or symptoms would be more completely realized by one who had himself felt them than they can be by description, but there is an immense gulf between realizing symptoms and understanding them, or still more curing them. It is, moreover, a very obvious fallacy in this argument, that it assumes that medical women, because they are women, will have felt all or nearly all the symptoms that sick women feel, the chances being that they will have felt scarcely any more of them than a man has. We all know for instance how common an ailment backache is among women, so much so that some one has said they may be



divided into women with backs and women without them. Now if the medical woman happily for herself belongs to the class without backs, I fail to see in what sense she can be said to have any advantage over men in her power of understanding and curing the backaches of her fellows. If, on the other hand, she has a back herself, it will no doubt make her more keenly aware of the nuisance the pain is to others, but by itself it would not do much towards teaching her to cure it. Indeed, if we may draw any inference from what we see among men, we may even suppose that being the subject of certain symptoms often diminishes one's power of reasoning intelligently upon them. Certainly doctors are not usually specially wise over their own case, and it seems to be *more* difficult for them to be rational in the interpretation they put upon symptoms felt by themselves than when they observe them in others.

That there is a true side, amid much that is misleading in this argument, I do not deny, but I would entreat you not to mistake it. You will understand disease and the thousand undefined steps which lead to it from perfect health, whether the disease occurs in man, woman, or child, in proportion to your knowledge and intelligence and powers of observation, and not by virtue of any occult or mysterious sympathy with its subject. There is, however, as I have said, a true side to this argument. In two directions I think it is almost certain that our special experience as women will help us in the practice of medicine. In the first place we understand better than men can ever do the conditions of life which underlie a vast amount of feminine ill-health. I speak now of chronic ill-health. Storms of acute illness may come to anyone, though even in regard to them the antecedent surroundings of the individual have a much greater influence in creating the liability to such storms than is commonly suspected. But with regard to chronic ailments, as *e.g.*, dyspepsia, lateral spinal curvature, general

debility, backache, neuralgia, uterine flexions, hysteria, &c., the antecedent conditions are of the very highest importance as causative agents, and they are conditions into which no one but a woman could ever thoroughly enter. No young man, in England at any rate, knows what it is to lead an indoor and idle life, without work and quite as truly without play, a life in which the amusements are not more dull and trifling than the employments. It needs a woman to sound the depths of dulness in this kind of life and to see how destructive it is to nervous health. I might almost venture to say, in spite of all that is written about the nervous diseases of women, that it needs a woman to say for all women that they are like men in this, that they have a nervous system, and that the extreme nervous tension, which at any rate, in all young creatures, results from inactivity of mind and body, is incompatible with health, and is the most common cause of chronic debility and ill-health.

There is, too, another way in which I look forward to women, as women, being of some special use in medical practice. I hope they will hate and resent chronic ill-health in women more than men do. I hope they will be less resigned to it, and more inclined to protest against its being accepted as almost as much the rule for women as fairly good health is for men. The greatest barrier to progress is contentment, and I cannot but hope that medical women will be less contented with feminine delicacy than medical men have been.

Another argument sometimes used by our friends, upon which also I look with some suspicion, is that women will be so much more sympathetic with invalids than men are. Probably the truth is that medical women will differ as much with each other in this respect as medical men do. They will differ also in their mode of expressing sympathy. I would venture to assert, too, that in many cases it may be

doubted whether the most obviously sympathetic doctor is the best. Illness, especially when it is chronic, does so much to demoralize the individual who suffers it, diminishes to so great an extent his self-control, fosters to so lamentable a degree his selfishness and egotism, that judgment and firmness on the part of the doctor are often much more valuable than a very sympathetic manner, and are occasionally even opposed to this manner. As a rule, too, the invalids who desire sympathy the most, deserve it the least and abuse it the most. This is well seen in hysterical women, the class who above all others demand and prize sympathy, make the worst use of it, and absolutely cannot get well till it is withheld.

In saying this, however, I would not be misunderstood, of true sympathy you cannot have too much. But it is easy to concentrate it too much on those who demand it most and still more easy to express it unwisely. Your best safeguard will be to strive in this as in everything else to be sincere. Let your sympathy flow out naturally, not because you feel that your patient asks for it and because it is politic to please her. Give it freely so long as it is spontaneous, but remember that your first duty is to cure and not to please, and where the expression of sympathy will do harm, have the courage to withhold it. There is one direction, however, in which the full expression of sympathy can scarcely ever do harm, and that is towards the relatives who have to live with chronic invalids. It is often possible to help and encourage them very much, by kindly appreciation of the hourly self-sacrifice of their lives, and by checking it when it tends to become unwise or excessive.

Another very important argument which I feel bound to mention is this.—It is often said “It is of no use for women to study medicine. They will marry and have children, and the practice of medicine is incompatible with the duties of a mother of a family. To this argument our friends have given



various answers. They have said "They wont marry" or even "They wont have children," or "if they do, it wont signify, they can practice just the same." Now for my part I am not able to agree with anyone of these answers. It seems to me certain that a considerable proportion of medical women are sure to marry, and they will of course have children just like other people. Nor can I admit that this will not, to a very material extent limit their professional work. I am convinced it must do so. If medical women are to be of no use unless they can undertake as much work as men, in other respects their equals, we shall have to give up our position as untenable. I think it will be found that the distractions of domestic life will not only very much limit the amount of work a medical woman can undertake, but will also entirely prevent her from combining some departments of work with practice, as for instance literary work, or research. Either of these might, with management, be carried on along with the family life, but not, I think, with it and an active professional life also. It may probably be more frequently necessary for a woman, than it is for a man, to choose her work, whether it is to be practice, writing, or research; to recognize that she is, to a very great extent, limited to one or another, and that the other pressing claims upon her time and thought forbid her entering upon them all. The really important point is whether this limitation as to the area of work undertaken, seriously interferes with the possible excellence of such work as can be done. If medical women can do such work as, with due regard to other claims, they are able to undertake, in a trustworthy and creditable manner, the fact that they cannot undertake twice as much is not of fundamental importance. Society is concerned only with the quality of their work, not with its quantity, and we, as their advocates, are, I think, only called upon to show that the limitations as to quantity (which in the case of married women with children



I look upon as inevitable), do not, to any serious extent involve a corresponding limitation as to quality. Some such limitation, I think, we must in honesty admit that it does involve. The art of medicine, like every other difficult work asks for concentration of thought and attention, and those will do best who can give this. "*My Son, give me thine Heart*" is a demand with which the student of every difficult art must comply as a condition of the highest success. I doubt, therefore, whether in any but very exceptional cases a woman weighted with the interruptions, the distractions, and the pleasures of family life, and conscientiously trying to do her duty in this relation will succeed in reaching the first rank even in any one department of professional work, because the first rank demands a concentration which she is perforce unable to give. But, on the other hand, it is certain that much of the experience gained as a wife and mother helps to make a medical woman not only a comfortable but a wise adviser to other women. A very large proportion of the cases which come before a doctor are not those which present any very great difficulty to a well trained and well educated practitioner. But they require judgment, and tact, and just the sort of consideration in adapting the advice to the intelligence and circumstances of the patient which the experience of a married woman will specially help her to acquire. So strongly do I feel this to be true that with regard to the rank and file of medical women, those I mean who would probably under no circumstances take the foremost place in their profession, I could venture to say that on the whole what they will gain through the experience of domestic life will go far to counterbalance what they will lose from its distractions.

After admitting as much as this to those who oppose the admission of women to the medical profession, it may perhaps be asked, "Why then do you support it? Is it worth while to make a great social change unless all the advantages

that have been prophesied by its supporters are likely to flow from it?" Perhaps not, if there are no other and more solid and enduring gains about which we can speak confidently and not merely as possibilities. I must not now weary you by dwelling on these, a mere word on one or two of those to which I attach the most importance will suffice. Every woman who undertakes the study of medicine, in at all the right spirit, gains at once this solid advantage—she puts aside frivolity and accepts for herself a serious aim in life. But this, precious as it is, and underlying as it does all other gains, is not all. She accepts also freedom, not from parental control so long as she is young enough to need it, but from ennui and from an unnatural prolongation of the restraints of childhood. In the important question of marriage, she is free, no longer forced to marry as the only way of entering upon adult life. She is also free from the fear of poverty. Once having mastered her profession she is assured at least against want, probably even she is certain of being able to gain a respectable competence. And if, as I believe, these gains flow to the individual, surely society shares them. It is no trifling good to society to have, even here and there, frivolity displaced by seriousness, unnatural childishness by experience and the discipline which results from responsibility, an idle poverty by industrious competence.

In conclusion I would beg you to remember two points. The first is that without indulging in any high flown estimates of our own importance, it is impossible to deny that the future success of our cause depends very much upon the judgment and moderation, as well as upon the zeal of its earliest advocates. In England, where the conservative instinct is so strong and so general, it is of paramount importance, if we would carry the community with us, not to put ourselves needlessly in opposition to this instinct by any want of good taste or even by want of deference to the taste of the community. "All things are lawful, but all things are not expe-

dient," and it is not for us who are in charge of this question to endanger it by tilting against everything else capable of being improved. Let us reserve ourselves for our own work and peg away manfully at that, trying in all legitimate ways to carry opinion with us.

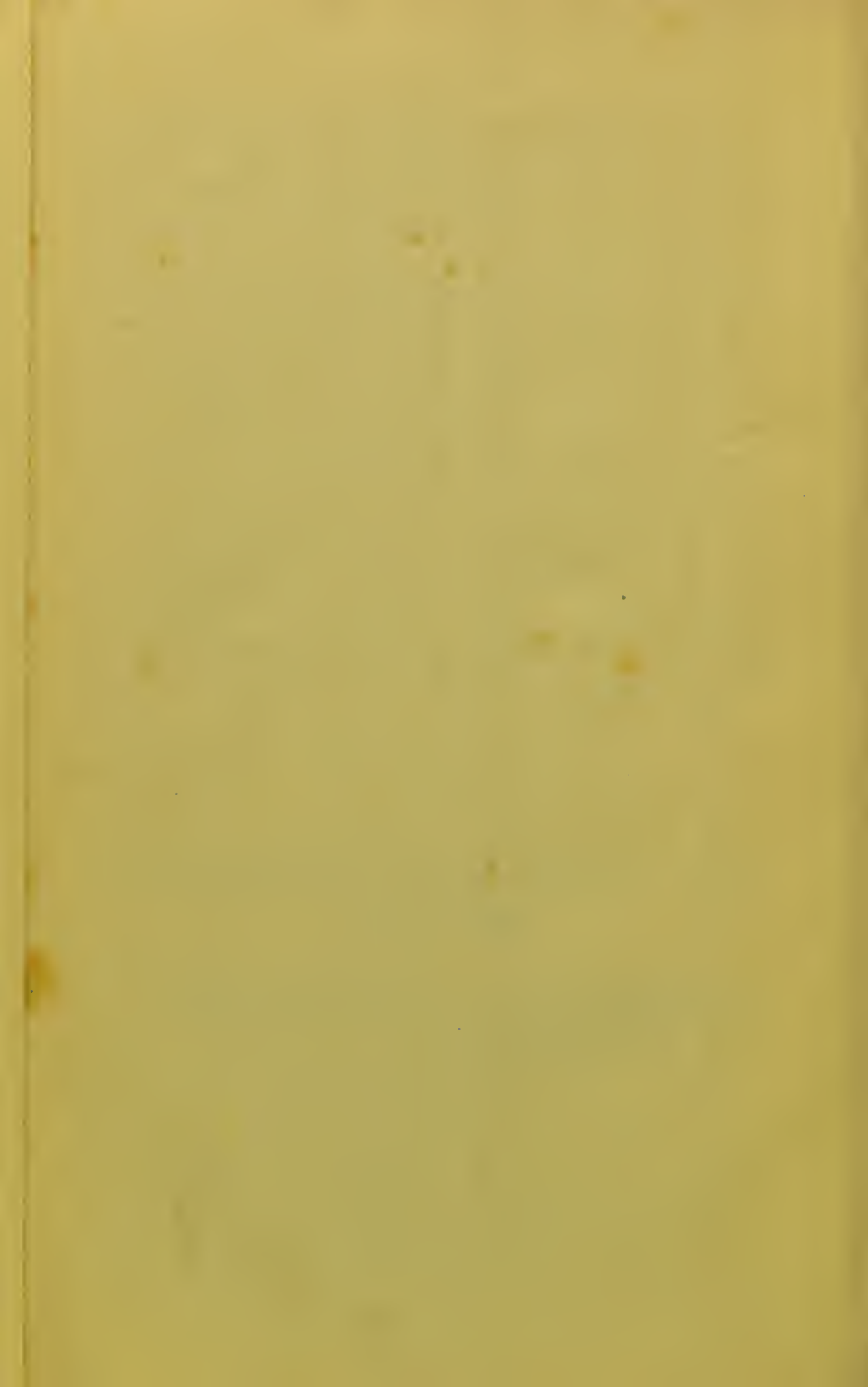
The second is that you should bear in mind that from this day forth, you are not mere isolated units in society, you are not merely women who desire to help the best interests of all women, but that you are members of a noble profession, and that you have the responsibility which is linked with comradeship towards every other medical person, man or woman. Let us strive to enter into the common life, let us free ourselves from petty jealousies, let us ignore all that is opposed to comradeship in the attitude of others towards us, and never allow ourselves to be guilty in the same way towards them, seeking in all things to promote the highest aims and interests of the profession, to purge it of its flaws and to add to its honour.

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# THE STUDENT'S POCKET BOOK

ARRANGED BY

MRS. GARRETT ANDERSON, M.D.

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It is hoped that it will also serve to guide their reading and pathological study in connexion with each disease as it comes under their notice in the wards, and generally that it will help to keep before their minds the range of subjects which they have to overtake.

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